



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
WASHINGTON, D.C. 20372

IN REPLY REFER TO

BUMEDINST 6410.5A
BUMED-3C14
21 June 1979

BUMED INSTRUCTION 6410.5A

From: Chief, Bureau of Medicine and Surgery
To: All Ships and Stations Having Medical Personnel

Subj: Medical monitoring flight personnel in locations where officers with aviation medicine training are not available

Ref: (a) MANMED art. 15-70
(b) OPNAVINST 3710.7J, NATOPS General Flight and Operating Instructions; promulgation of
(c) BUMEDINST 1520.24, Aviation Medical Officer (AMO) Program

1. Purpose. To provide guidelines for the medical monitoring and issuance of flight grounding and clearance notices for aviation personnel assigned to sea or shore based activities where medical officers trained in aviation medicine are not available on a regular basis.

2. Background. Under modern Navy and Marine Corps operational concepts, aviation activities are deploying to remote shore bases and to ships which do not normally have medical officers trained in aviation medicine. In these instances, routine medical care may be performed by primary care physicians or highly trained advanced hospital corpsmen. The adverse effects of many self-prescribed "over-the-counter" type medications, as well as many drugs dispensed by prescription, have been long recognized as detrimental to flight safety. Aircraft accidents caused by such medications have been documented. Other complications unique to flying are inherent in many disease entities and treatment regimens. It is necessary to assure that all flight personnel are physically qualified while engaged in flight operations. A commanding officer of a squadron or officer in charge of an activity may relieve from flying duty an individual deemed physically unfit for such duty upon the recommendation of a medical officer (not restricted to a flight surgeon) in accordance with references (a), (b), and (c). The commanding officer or officer in charge may authorize resumption of flying duty on the recommendation of a flight surgeon, aviation medical examiner (AVME), or aviation medical officer (AVMO).

3. Scope. The provisions of this instruction apply only to Medical Department and aviation personnel in those remote areas where the services of a flight surgeon, AVME, or AVMO are not available on a regular basis.

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4. Policy

a. The authority to issue a Grounding Notice (Aero-Medical), (NAVMED 6410/1), recommendation to a commanding officer or officer in charge is expanded, within the scope of this instruction, to include the appropriate Medical Department representative on independent duty, i.e., advanced hospital corpsman, in addition to medical officer.

b. The authority to issue a Clearance Notice (Aero-Medical), (NAVMED 6410/2), prior to aircrew members returning to duty involving flying following grounding is expanded, within the scope of this instruction, to include nonaviation medicine trained medical officers and other Medical Department personnel who meet the following criteria. NEC 8425, advanced hospital corpsmen who have completed the basic or refresher course in aviation medicine at the San Diego or Portsmouth School of Health Sciences, and corpsmen trained as NEC 8406, Aerospace Medicine Technician, or NEC 8409, Aerospace Physiology Technician are considered to meet the necessary qualifications. In those instances where aircrew members are hospitalized or have been grounded for over 10 days, they must be examined by a medical officer trained in aviation medicine prior to returning to duty involving flying.

5. Procedure

a. In all cases where a nonaviation medicine trained medical officer or Medical Department representative issues a Clearance Notice to a commanding officer or officer in charge, message or verbal concurrence must be obtained from a flight surgeon, AVME, or AVMO prior to the aircrew member resuming duty involving flying. Under no circumstances will an aircrew member be issued a Clearance Notice while on medication without concurrence from a medical officer trained in aviation medicine. This concurrence will be accomplished in accordance with guidance provided by the appropriate aviation type commander, medical officer, or Marine aircraft wing medical officer.

b. Requests for waiver of the annual aviation physical examination or physiological training for flight personnel falling within the scope of this instruction will be handled in accordance with reference (b).

6. Action

a. The Health Sciences Education and Training Command (HSETC) is directed to incorporate basic aerospace medicine training into the curriculum for advanced hospital corpsmen and the refresher training

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provided prior to reporting to units with an aviation capability. This training shall encompass all aspects of aviation medicine and will not be restricted to helicopter operations.

b. The aviation type commander, medical officers, and Marine aircraft wing medical officers are directed to develop methods to assure that activity OIC's, and the appropriate medical officers and Medical Department representatives are briefed and knowledgeable in aviation medicine responsibilities prior to deployment. Of particular importance is the establishment of channels of communication to facilitate concurrence prior to issuing a Clearance Notice recommending aircrew personnel be returned to a flying status.


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